Case 10-30078-bjh13 Doc 10 Filed 01/19/10 Entered 01/19/10 17:19:41 Desc Main

Document B22C (Official Form 22C) (Chapter 13) (01/08)

In re: Gary D. White

Case Number: 10-30078

Page 1 of 10 According to the calculations required by this statement:

 ▼ The applicable commitment period is 3 years. The applicable commitment period is 5 years.

Disposable income is determined under § 1325(b)(3).

Disposable income is not determined under § 1325(b)(3).

(Check the boxes as directed in Lines 17 and 23 of this statement.)

CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

| | | Part I. RE | PORT OF INC | OME | | |
|---|---------------|--|-----------------------|-------------------------|---------------------|-----------|
| | Marital/f | filing status. Check the box that applies and | complete the balan | ce of this part of this | statement as direct | cted. |
| | | Jnmarried. Complete only Column A ("Deb | | | | |
| | b. ☑ N | Married. Complete both Column A ("Debtor | 's Income") and C | olumn B ("Spouse | 's Income") for Li | nes 2-10. |
| | | es must reflect average monthly income receive | | | Column A | Column B |
| 1 | | ne six calendar months prior to filing the bankru | | | | 00.0 |
| | | onth before the filing. If the amount of monthly | | | Debtor's | Spouse's |
| | | you must divide the six-month total by six, and | l enter the result on | the | Income | Income |
| | appropri | iate line. | | | 1 | |
| 2 | Gross w | vages, salary, tips, bonuses, overtime, com | missions. | | \$0.00 | \$0.00 |
| | Income | from the operation of a business, profession | on, or farm. Subtra | act Line b from | | |
| | Line a a | nd enter the difference in the appropriate colur | nn(s) of Line 3. If y | ou operate more | 1 | |
| | than one | e business, profession or farm, enter aggregate hment. Do not enter a number less than zero. | e numbers and prov | /ide details on | 1 | |
| 3 | | ss expenses entered on Line b as a deduction | | any part or the | 1 | |
| | | • | | *** | 1 | |
| | | ross receipts | \$0.00 | \$0.00 | 1 | |
| | | rdinary and necessary business expenses | \$0.00 | \$0.00 | | |
| | | usiness income | Subtract Line b | | \$0.00 | \$0.00 |
| | | d other real property income. Subtract Line | | | 1 | |
| | | ce in the appropriate column(s) of Line 4. Do n include any part of of the operating expense | | | 1 | |
| 4 | in Part I | | 3 chiered on Line | b as a deduction | 1 | |
| ' | a. Gr | ross receipts | \$0.00 | \$0.00 | 1 | |
| | | rdinary and necessary operating expenses | \$0.00 | \$0.00 | 1 | |
| | | ent and other real property income | Subtract Line b | , | \$0.00 | \$0.00 |
| 5 | | , dividends, and royalties. | Odbirdot Eirio E | TIOTT LITE a | \$0.00 | \$0.00 |
| 6 | | n and retirement income. | | | \$0.00 | \$0.00 |
| | | ounts paid by another person or entity, on a | regular basis, for | the household | Ψ0.00 | Ψ0.00 |
| 7 | | es of the debtor or the debtor's dependents | | | \$0.00 | \$0.00 |
| | that pur | pose. Do not include alimony or separate main | | | | |
| | paid by t | the debtor's spouse. | | | 1 | |
| | Unempl | oyment compensation. Enter the amount in | the appropriate col | lumn(s) of Line 8. | | |
| | Howeve | r, if you contend that unemployment compensa | ation received by yo | ou or your | ii | |
| 8 | | was a benefit under the Social Security Act, do | | | 1 | |
| | compens | sation in Column A or B, but instead state the a | amount in the space | e below: | 1 | |
| | Linoma | oloyment compensation claimed to be a | Debtor | Spouse | 1 | |
| | | under the Social Security Act | \$0.00 | \$0.00 | \$1,668.00 | \$0.00 |
| | | <u> </u> | · . | | \$1,000.00 | φυ.υυ |
| | eources | from all other sources. Specify source and on a separate page. Total and enter on Line 9 | amount. If necessa | ary, list additional | 1 | |
| | | e maintenance payments paid by your spou | | | 1 | |
| | of alimo | ony or separate maintenance. Do not includ | le any benefits rece | ived under the | 1 | |
| 9 | | al Security Act or payments received as a viction | | ime against | 1 | |
| | humanity | y, or as a victim of international or domestic ter | rorism. | | 1 | |
| | | | | | | |
| | a. | | | | | |
| | b. | | | | , l | |
| | | | | _ | \$0.00 | \$0.00 |

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| 10 | Subtotal. Add Lines 2 thru 9 in Column A, and, if Column B is completed, add Lines 2 through 9 in Column B. Enter the total(s). | \$1,668.00 | \$0.00 | |
|----|--|--|----------------|--|
| 11 | Total. If Column B has been completed, add Line 10, Column A to Line 10, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 10, Column A. | | | |
| | Part II. CALCULATION OF § 1325(b)(4) COMMITMENT | PERIOD | | |
| 12 | Enter the amount from Line 11. | | \$1,668.00 | |
| 13 | Marital adjustment. If you are married, but are not filing jointly with your spouse, AND if you calculation of the commitment period under § 1325(b)(4) does not require inclusion of the inspouse, enter on Line 13 the amount of income listed in Line 10, Column B that was NOT pregular basis for the household expenses of you or your dependents and specify, in the line basis for excluding this income (such as payment of the spouse's tax liability or the spouse persons other than the debtor or the debtor's dependents) and the amount of income devolutions. If necessary, list additional adjustments on a separate page. If the conditions for adjustment do not apply, enter zero. | ncome of your paid on a less below, the less support of less to each | | |
| | a. | | | |
| | b. | | | |
| | C. | | | |
| | Total and enter on Line 13. | | \$0.00 | |
| 14 | Subtract Line 13 from Line 12 and enter the result. | | \$1,668.00 | |
| 15 | Annualized current monthly income for § 1325(b)(4). Multiply the amount from Line 14 and enter the result. | by the number 12 | \$20,016.00 | |
| 16 | Applicable median family income. Enter the median family income for applicable state a size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of court.) | | | |
| | a. Enter debtor's state of residence: Texas b. Enter debtor's houseld | nold size: 3 | \$59,222.00 | |
| | Application of § 1325(b)(4). Check the applicable box and proceed as directed. | | | |
| 17 | The amount on Line 15 is less than the amount on Line 16. Check the box for "The 3 years" at the top of page 1 of this statement and continue with this statement. | e applicable commitme | ent period is | |
| | ☐ The amount on Line 15 is not less than the amount on Line 16. Check the box for is 5 years" at the top of page 1 of this statement and continue with this statement. | "The applicable com | nitment period | |
| | Part III. APPLICATION OF § 1325(b)(3) FOR DETERMINING DISF | POSABLE INCOM | 1E | |
| 18 | Enter the amount from Line 11. | | \$1,668.00 | |
| 19 | Marital adjustment. If you are married, but are not filing jointly with your spouse, enter or of any income listed in Line 10, Column B that was NOT paid on a regular basis for the hou expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for Column B income (such as payment of the spouse's tax liability or the spouse's support of than the debtor or the debtor's dependents) and the amount of income devoted to each punecessary, list additional adjustments on a separate page. If the conditions for entering this do not apply, enter zero. | sehold r excluding the persons other rpose. If | | |
| | Total and enter on Line 19. | | \$0.00 | |

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| 20 | Current monthly income for § 1325(b)(3). Subtract Line 19 from Line 18 and enter the result. | \$1,668.00 |
|----|---|-------------|
| 21 | Annualized current monthly income for § 1325(b)(3). Multiply the amount from Line 20 by the number 12 and enter the result. | \$20,016.00 |
| 22 | Applicable median family income. Enter the amount from Line 16. | \$59,222.00 |
| 23 | Application of § 1325(b)(3). Check the applicable box and proceed as directed. ☐ The amount on Line 21 is more than the amount on Line 22. Check the box for "Disposable income is dunder § 1325(b)(3)" at the top of page 1 of this statement and complete the remaining parts of this statement. | |
| | The amount on Line 21 is not more than the amount on Line 22. Check the box for "Disposable income determined under § 1325(b)(3)" at the top of page 1 of this statement and complete Part VII of this statement COMPLETE PARTS IV, V, OR VI. | |

| | Part IV. CALCULATION | OF D | EDUCTIONS | S FROM INC | OME | |
|-----|--|---|---|---|---|--|
| | Subpart A: Deductions under Sta | | | | | |
| 24A | National Standards: food, apparel and services, ho miscellaneous. Enter in Line 24A the "Total" amount Expenses for the applicable household size. (This info the clerk of the bankruptcy court.) | from IF | RS National Sta | ndards for Allov | wable Living | |
| 24B | National Standards: health care. Enter in Line a1 be Out-of-Pocket Health Care for persons under 65 years for Out-of-Pocket Health Care for persons 65 years of www.usdoj.gov/ust/ or from the clerk of the bankruptcy your household who are under 65 years of age and enhousehold who are 65 years of age or older. (The tota same as the number stated in Line 16b.) Multiply Line household members under 65, and enter the result in Lamount for household members 65 and older, and enter obtain a total health care amount, and enter the result in Lamount for household members 65 and older, and enter the result in Lamount for household members 65 and older, and enter the result in Lamount for household members 65 and older, and enter the result in Lamount for household members 65 and older, and enter the result in Lamount for household members 65 and older, and enter the result in Lamount for household members 65 and older, and enter the result in Lamount for household members 65 and older, and enter the result in Lamount for household members 65 and older, and enter the result in Lamount for household members 65 and older, and enter the result in Lamount for household members 65 and older, and enter the result in Lamount for household members 65 and older, and enter the result in Lamount for household members 65 and older, and enter the result in Lamount for household members 65 and older, and enter the result in Lamount for household members 65 and older, and enter the result in Lamount for household members 65 and older, and enter the result in Lamount for household members 65 and older, and enter the result in Lamount for household members 65 and older, and enter the result in Lamount for household members 65 and older, and enter the result in Lamount for household members 65 and older, and enter the result in Lamount for household members 65 and older, and enter the formal for household members 65 and older for household members 65 and older for household for household for household for household for household for househ | of age age or court.) ter in Linumber all by Line c1. | , and in Line a2 older. (This info Enter in Line b ine b2 the numb er of household Line b1 to obtain . Multiply Line a esult in Line c2. | the IRS Nation ormation is avaid the number of our of members members muse a total amound by Line b2 to | al Standards lable at of members of of your t be the t for obtain a total | |
| | Household members under 65 years of age | Hou | sehold membe | ers 65 years of | age or older | |
| | a1. Allowance per member | a2. | Allowance pe | r member | | |
| | b1. Number of members | b2. | Number of me | embers | | |
| | c1. Subtotal | c2. | Subtotal | | | |
| 25A | Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing A and Utilities Standards; non-mortgage expenses for the applicable county and household size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) | | | | | |
| 25B | Local Standards: housing and utilities; mortgage/ref IRS Housing and Utilities Standards; mortgage/rent exp information is available at www.usdoj.gov/ust/ or from t total of the Average Monthly Payments for any debts so Line b from Line a and enter the result in Line 25B. DC a. IRS Housing and Utilities Standards; mortgage/ref b. Average Monthly Payment for any debts secured any, as stated in Line 47 | pense f he clerl ecured D NOT ent exp | for your county a k of the bankrup by your home, a ENTER AN AM ense | and household otcy court); ente as stated in Lin | size (this er on Line b the e 47; subtract | |
| | c. Net mortgage/rental expense | | | Subtract Line | b from Line a. | |
| 26 | Local Standards: housing and utilities; adjustment and 25B does not accurately compute the allowance to Utilities Standards, enter any additional amount to which for your contention in the space below: | which | you are entitled | under the IRS | Housing and | |

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| | Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation. | | | |
|-----|---|--|--|--|
| 27A | Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 7. 0 1 2 or more. | | | |
| | Tran Loca Stati | u checked 0, enter on Line 27A the "Public Transportation" amount from sportation. If you checked 1 or 2 or more, enter on Line 27A the "Operatal Standards: Transportation for the applicable number of vehicles in the astical Area or Census Region. (These amounts are available at www.usoe bankruptcy court.) | ting Costs" amount from IRS applicable Metropolitan | |
| 27B | If yo you "Puk | al Standards: transportation; additional public transportation expenuum pay the operating expenses for a vehicle and also use public transportation are entitled to an additional deduction for your public transportation expeblic Transportation" amount from IRS Local Standards: Transportation. (Transportation) amount from the clerk of the bankruptcy court.) | ation, and you contend that nses, enter on Line 27B the | |
| 28 | Che own Ente (ava Ave | al Standards: transportation ownership/lease expense; Vehicle 1. ck the number of vehicles for which you claim an ownership/lease expensership/lease expense for more than two vehicles.) The standard of t | nore cal Standards: Transportation nter in Line b the total of the Line 47; subtract Line b from | |
| | a. | IRS Transportation Standards, Ownership Costs | | |
| | b. | Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 47 | | |
| | C. | Net ownership/lease expense for Vehicle 1 | Subtract Line b from Line a. | |
| 29 | Com Ente (ava Ave | al Standards: transportation ownership/lease expense; Vehicle 2. aplete this Line only if you checked the "2 or more" Box in Line 28. For, in Line a below, the "Ownership Costs" for "One Car" from the IRS Localiable at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); errage Monthly Payments for any debts secured by Vehicle 2, as stated in I a and enter the result in Line 29. DO NOT ENTER AN AMOUNT LESS | nter in Line b the total of the Line 47; subtract Line b from | |
| | a. | IRS Transportation Standards, Ownership Costs | | |
| | b. | Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47 | | |
| | C. | Net ownership/lease expense for Vehicle 2 | Subtract Line b from Line a. | |
| 30 | fede emp | er Necessary Expenses: taxes. Enter the total average monthly experral, state, and local taxes, other than real estate and sales taxes, such as loyment taxes, social-security taxes, and Medicare taxes. DO NOT INCLES TAXES. | s income taxes, self- | |
| 31 | ded: | er Necessary Expenses: involuntary deductions for employment. Exections that are required for your employment, such as mandatory retirents, and uniform costs. DO NOT INCLUDE DISCRETIONARY AMOUNTS, K) CONTRIBUTIONS. | nent contributions, union | |
| 32 | for to | er Necessary Expenses: life insurance. Enter total average monthly erm life insurance for yourself. DO NOT INCLUDE PREMIUMS FOR INS PENDENTS, FOR WHOLE LIFE OR FOR ANY OTHER FORM OF INSUF | SURANCE ON YOUR | |
| 33 | requ | er Necessary Expenses: court-ordered payments. Enter the total mo irred to pay pursuant to the order of a court or administrative agency, suc ments. DO NOT INCLUDE PAYMENTS ON PAST DUE OBLIGATIONS I | h as spousal or child support | |

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| 34 | Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available. | | | |
|----|--|--|--|--|
| 35 | Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcaresuch as baby-sitting, day care, nursery and preschool. DO NOT INCLUDE OTHER EDUCATIONAL PAYMENTS. | | | |
| 36 | Other Necessary Expenses: health care. Enter the total average monthly on health care that is required for the health and welfare of yourself or your dreimbursed by insurance or paid by a health savings account, and that is in e in Line 24B. DO NOT INCLUDE PAYMENTS FOR HEALTH INSURANCE O ACCOUNTS LISTED IN LINE 39. | ependents, that is not xcess of the amount entered | | |
| 37 | Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone servicesuch as pagers, call waiting, caller id, special long distance, or internet serviceto the extent necessary for your health and welfare or that of your dependents. DO NOT INCLUDE ANY AMOUNT PREVIOUSLY DEDUCTED. | | | |
| 38 | Total Expenses Allowed under IRS Standards. Enter the total of Lines 24 to | hrough 37. | | |
| | Subpart B: Additional Living Expense Note: Do not include any expenses that you have | | | |
| 39 | Health Insurance, Disability Insurance, and Health Savings Account Expenses in the categories set out in lines a-c below that are reasonably necessouse, or your dependents. a. Health Insurance b. Disability Insurance c. Health Savings Account Total and enter on Line 39 | | | |
| | IF YOU DO NOT ACTUALLY EXPEND THIS TOTAL AMOUNT, state your actual total average monthly expenditures in the space below: | | | |
| 40 | Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. DO NOT INCLUDE PAYMENTS LISTED IN LINE 34. | | | |
| 41 | Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court. | | | |
| 42 | Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. YOU MUST PROVIDE YOUR CASE TRUSTEE WITH DOCUMENTATION OF YOUR ACTUAL EXPENSES, AND YOU MUST DEMONSTRATE THAT THE ADDITIONAL AMOUNT CLAIMED IS REASONABLE AND NECESSARY. | | | |
| 43 | Education expenses for dependent children under 18. Enter the total averactually incur, not to exceed \$137.50 per child, for attendance at a private or secondary school by your dependent children less than 18 years of age. YOU CASE TRUSTEE WITH DOCUMENTATION OF YOUR ACTUAL EXPENSES WHY THE AMOUNT CLAIMED IS REASONABLE AND NECESSARY AND | public elementary or U MUST PROVIDE YOUR S, AND YOU MUST EXPLAIN | | |

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| 44 | Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) YOU MUST DEMONSTRATE THAT THE ADDITIONAL AMOUNT CLAIMED IS REASONABLE AND NECESSARY. | | | | | |
|----|--|--|--|---|---|---|
| 45 | char in 26 | ritable contributions. Enter the a titble contributions in the form of casts U.S.C. § 170(c)(1)-(2). DO NOT INTHLY INCOME. | sh or financial instruments to a ch | aritable organizati | on as defined | |
| 46 | Tota | I Additional Expense Deductions | s under § 707(b). Enter the total | of Lines 39 throug | h 45. | |
| | | | ubpart C: Deductions for De | | | Т |
| 47 | you o Payr the to follow | tre payments on secured claims. bwn, list the name of the creditor, ice ment, and check whether the paymental of all amounts scheduled as cowing the filing of the bankruptcy case. Enter the total of the Average Mo | dentify the property securing the of ent includes taxes or insurance. ontractually due to each Secured se, divided by 60. If necessary, li- | debt, state the Ave The Average Mont Creditor in the 60 i | rage Monthly thly Payment is months | |
| | a. | Name of Creditor | Property Securing the Debt | Average Monthly Payment | Does payment include taxes or insurance? | |
| | b. | | | | yes no | |
| | C. | | | Total: Add | yes no | |
| | | | | Lines a, b and c | | |
| 48 | Other payments on secured claims. If any of the debts listed in Line 47 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 47, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page. | | | | | |
| | | Name of Creditor | Property Securing the De | bt 1/60th of | the Cure Amount | |
| | a. b. | | | | | |
| | C. | | | | | |
| | | | | Total: Add | I Lines a, b and c | |
| 49 | Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such | | | | | |
| | Chapter 13 administrative expenses. Multiply the amount in Line a by the amount in Line b, and enter the resulting administrative expense. | | | | | |
| | a. | Projected average monthly chapt | er 13 plan payment. | | | |
| 50 | b. | Current multiplier for your district issued by the Executive Office for information is available at www.us the bankruptcy court.) | United States Trustees. (This | | % | |
| | C. | Average monthly administrative e | expense of chapter 13 case | Total: Mult | iply Lines a and b | |
| 51 | Tota | l Deductions for Debt Payment. | Enter the total of Lines 47 throug | h 50. | | |
| | | Su | bpart D: Total Deductions f | rom Income | | |
| 52 | Tota | I of all deductions from income. | Enter the total of Lines 38, 46 a | nd 51. | | |

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Part V. DETERMINATION OF DISPOSABLE INCOME UNDER § 1325(b)(2)

| 53 | Total current monthly income. Enter the amount from Line 20. | | | | |
|----|---|------------------------------|--------|--|--|
| 54 | Support income. Enter the monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I, that you received in accordance with applicable nonbankruptcy law, to the extent reasonably necessary to be expended for such child. | | | | |
| 55 | Qualified retirement deductions. Enter the monthly total of (a) all amounts withheld by your employer from wages as contributions for qualified retirement plans, as specified in § 541(b)(7) and (b) all required repayments of loans from retirement plans, as specified in § 362(b)(19). | | | | |
| 56 | Total of all deductions allowed under § 707(b)(2). Enter the amount from Line 52. | | | | |
| 57 | Deduction for special circumstances. If there are special circumstances that justify additional expenses for which there is no reasonable alternative, describe the special circumstances and the resulting expenses in lines a-c below. If necessary, list additional entries on a separate page. Total the expenses and enter the total in Line 57. YOU MUST PROVIDE YOUR CASE TRUSTEE WITH DOCUMENTATION OF THESE EXPENSES AND YOU MUST PROVIDE A DETAILED EXPLANATION OF THE SPECIAL CIRCUMSTANCES THAT MAKE SUCH EXPENSES NECESSARY AND REASONABLE. | | | | |
| | Nature of special circumstances | Amount of expense | | | |
| | a. | | | | |
| | b. | | | | |
| | C. | | | | |
| | | Total: Add Lines a, b, and c | | | |
| 58 | Total adjustments to determine disposable income. Add the amounts on L enter the result. | ines 54, 55, 56, and 57 and | | | |
| 59 | Monthly Disposable Income Under § 1325(b)(2). Subtract Line 58 from Line | 53 and enter the result. | | | |
| | | | | | |
| | Part VI: ADDITIONAL EXPENSE O | CLAIMS | | | |
| | Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses. | | | | |
| 00 | Expense Description | Monthly | Amount | | |
| 60 | a. | | | | |
| | b. | | | | |
| | C. | | | | |
| | Total: Add Line | s a b and c | | | |
| | Total 788 Elle | 5 d, 5, dild 5 | | | |
| | Part VII: VERIFICATION | | | | |
| | I declare under penalty of perjury that the information provided in this statement is true and correct. (If this is a joint case, both debtors must sign.) | | | | |
| 61 | Date: 01/19/2010 Signature: /s/ Gary D. W | | | | |

(Joint Debtor, if any)

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In re: Gary D. White Case Number: 10-30078
Chapter: 13

8. Unemployment compensation.

| Debtor or Spouse's Income | Description (| if available) | | | | | |
|---------------------------|--------------------|--------------------|--------------------|--------------------|--------------------|---------------|----------------------|
| | 6 Months Ago | 5 Months Ago | 4 Months Ago | 3 Months Ago | 2 Months Ago | Last Month | Avg. Per Month |

 Debtor
 Texas Workforce Commission

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In re: Gary D. White Case Number: 10-30078
Chapter: 13

| Median Income Information | | | |
|--------------------------------------|-------------|--|--|
| State of Residence Texas | | | |
| Household Size | 3 | | |
| Median Income per Census Bureau Data | \$59,222.00 | | |

| National Standards: Food, Clothing, Hou | National Standards: Food, Clothing, Household Supplies, Personal Care, and Miscellaneous | | |
|---|--|--|--|
| Region | us | | |
| Family Size | 3 | | |
| Gross Monthly Income | \$1,668.00 | | |
| Income Level | Not Applicable | | |
| Food | \$626.00 | | |
| Housekeeping Supplies | \$61.00 | | |
| Apparel and Services | \$209.00 | | |
| Personal Care Products and Services | \$59.00 | | |
| Miscellaneous | \$197.00 | | |
| Additional Allowance for Family Size Greater Than 4 | \$0.00 | | |
| Total | \$1,152.00 | | |

| National Standards: He | National Standards: Health Care (only applies to cases filed on or after 1/1/08) | | |
|---|--|--|--|
| Household members under 65 years of age | | | |
| Allowance per member | \$60.00 | | |
| Number of members | 0 | | |
| Subtotal | \$0.00 | | |
| Household members 65 years of age or olde | Household members 65 years of age or older | | |
| Allowance per member | \$144.00 | | |
| Number of members | 0 | | |
| Subtotal | \$0.00 | | |
| Total | \$0.00 | | |

| Local Standards: Housing and Utilities | | | |
|---|---------------|--|--|
| State Name | Texas | | |
| County or City Name | Dallas County | | |
| Family Size | Family of 3 | | |
| Non-Mortgage Expenses | \$525.00 | | |
| Mortgage/Rent Expense Allowance | \$1,004.00 | | |
| Minus Average Monthly Payment for Debts Secured by Home | \$4,372.93 | | |
| Equals Net Mortgage/Rental Expense | \$0.00 | | |
| Housing and Utilities Adjustment | \$0.00 | | |

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In re: Gary D. White Case Number: 10-30078

Chapter: 13

| Local Standards: Transportation; Vehicle Operation/Public Transportation | | | | |
|--|---|----------------------|---------------------------|--|
| Transportation Region | | Dallas-Ft. Wo | Dallas-Ft. Worth | |
| Number of Vehicles Operated | | 2 or more | 2 or more | |
| Allowance | • | | \$456.00 | |
| Loc | al Standards: Transportation | on; Additional Publi | ic Transportation Expense | |
| Transportation Region | Dallas-Ft. Wor | | th | |
| Allowance (if entitled) | \$173.00 | | | |
| Amount Claimed | | \$0.00 | | |
| Local Standards: Transportation; Ownership/Lease Expense | | | | |
| Transportation Region | | Dallas-Ft. Wo | Dallas-Ft. Worth | |
| Number of Vehicles with O | mber of Vehicles with Ownership/Lease Expense | | 2 or more | |
| First Car | | • | Second Car | |
| Allowance | \$489.00 | | \$489.00 | |
| Minus Average Monthly Payment for Debts Secured by Vehicle | \$225.00 | | \$500.00 | |
| Equals Net Ownership / Lease Expense | \$264.00 | | \$0.00 | |